

PEER OBSERVATION OF TEACHING

Alison Cairns



AIMS OF WORKSHOP

- To discuss what Peer Observation of Teaching (POT) is and how it could improve teaching.
- To discuss the pilot POT scheme introduced to Glasgow Dental School for chair side clinical teaching.
- To discuss evaluation of this pilot POT scheme.
- To share some results from the pilot evaluation study.

WHAT IS POT?

- “... reciprocal process whereby one peer observes another’s teaching and provides **supportive** and **constructive feedback**. Its underlying rationale is to encourage **professional development in teaching** and learning through **critical reflection**, by both observer and observee.”

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Lubin 2002

WHY BE INVOLVED IN POT?

- A POT scheme should help tutors to reflect on their effectiveness as a teacher and develop new skills and ideas via scholarly discussion with a peer in a non-threatening, non-judgmental, real-life environment.
- Many clinical teachers at Glasgow Dental School and its associated outreach clinics are NHS employees with little opportunity to engage in formal academic development with regard to teaching skills.

HOW COULD POT IMPROVE TEACHING

- Reassurance
- Reflection
- Constructive criticism
- Development of current practice
- Sharing and developing good ideas
- Standardisation of teaching?

HOW DID OUR PILOT SCHEME WORK?

- Pairing
- Pre-observation meeting
- Observations
- Post-observation meeting

As suggested by C Bovill in the University of Glasgow's
Guidance on POT 2010

WHAT HAPPENS DURING OBSERVATIONS?

- Pre-ob discussions- setting ground rules
- Fly on the wall status
- Observation of teaching skills only (?)
- Students informed that they are not being observed
- Confidentiality

SUGGESTED OUTLINE FOR OBSERVATIONS

- Guideline
- Timelog
- Some prefer to focus solely on global strengths and suggested areas for improvement, these are basically the two minimum requirements for feedback.

DISCUSSION

- What questions would you suggest that observers try to answer while watching their peer?

Keeping in mind that they will be in the role of “critical friend” post observation.

GUIDANCE

Examples:

- Were the learning goals for the student clearly set out at the start of each patient interaction?
- Do you think the student understood what they were supposed to do?
- Did the tutor miss giving feedback that would have been useful to the student?
- Did the tutor fully expand on concepts poorly understood by the student or direct them to appropriate resource material?
- Did the student receive appropriate, constructive feedback and direction regarding future learning needs?
- Did the student have an opportunity to ask questions?

Not prescriptive!

TIMELOG

Example:

Time	Observation	Comment
2.15pm	Miss X told the student that the restoration was not acceptable but did not explain why.	I wonder if she will discuss this later after the patient has gone?
2.30pm	Miss X was very complementary with regard to the student's rapport with the patient and asked the child patient what score out of 10 they would give their dentist today?	Does she always do that or only when she knows the patient will give a good score? This really boosted the student's confidence.

Help make feedback more specific!

EVALUATION OF PILOT POT

- Extra to the POT scheme described.
- Voluntary involvement, consent obtained.
- Evaluation in regard to scheme as a whole not to individual observations.
- Recorded interview (20 minutes).

PILOT DEMOGRAPHICS

- Carried out Feb-May 2012
- 11 tutors from Paediatric dentistry (possible 14)
- 12 observations overall (my opinions were not forwarded for evaluation)
- 10 observations in outreach setting, 2 in GDH

DISCUSSION

- What questions would you ask participants following their involvement in the scheme?

PILOT RESULTS

- What did participants learn from observing?
 - Reassurance that their practice was similar to that of a peers
 - Picked up new approaches to teaching (some adopted)
 - Management strategies for how to cope with being overly busy on teaching clinics
 - Valued clinical tips
 - Some had inaccurate clinical knowledge pointed out
 - The majority found the role of observer to be the most beneficial. “It is easier to be more focused in this role as no interaction with students or patients is required.”

PILOT RESULTS

- What did participants learn from being observed?
 - Aspects of their teaching not previously recognized as good practice
 - Missed opportunities for enhanced teaching within their current practice

PILOT RESULTS

- Were they able to draw comparisons with their own teaching while watching their peer?
 - This is a major success of the scheme. With exception of one, all tutors seemed delighted in the reassurance that they behaved similar to their peers in the teaching environment (most of these tutors were in complete isolation when teaching). The only tutor who did not mention reassurance was a senior clinician with an academic profile.

PILOT RESULTS

- Were they able to separate the “teaching” from the “dental” content?
 - This did not prove to be too difficult as they were unable to see inside the patients mouth anyway.
 - Some did mention that they perhaps did not totally agree with a treatment plan but were aware that they were not there to look at other people’s practice of dentistry.
 - Some clinical issues were raised- future study day topics

PILOT RESULTS

- Did they undergo a process of reflection prior to the observations? Did they change the way they normally teach?
 - All tutors confirmed that they did reflect on their teaching practice prior to being observed.
 - Most decided not to change anything in hope of a meaningful critique.
 - One tutor did alter their teaching to incorporate something they had learned from observing their peer the previous week.

PILOT RESULTS

- Did discussion with your peer help you with strategies on how to change your teaching?
 - Participants who identified the need to modify their current practice all felt capable of formulating their own strategy for improvement once problem areas were pointed out and did not require input from their peer.

PILOT RESULTS

- How did you feel about being observed?
 - All participants admitted some trepidation prior to being observed, some described this as “anxiety”.
 - In all cases the nerves disappeared as they fell into their regular teaching role and in many cases the observer was completely forgotten about!

PILOT RESULTS

- Did you find it difficult to give or receive criticism?
 - In most cases this was not a problem as tutors adopted the methods they already use to critique students.
 - One participant admitted that they would have found it impossible to say anything negative to their peer, “although there was nothing negative to say anyway!”.
 - One participant felt they had too many negative things to say so prioritized them and went with the top 3!

PILOT RESULTS

- Can you think of a better way in which to improve your teaching?
 - Participants did mention didactic courses and teaching qualifications but could not identify another way as “real” as POT for improving their teaching skills.

PILOT RESULTS

- What would be a reasonable timeframe in which to repeat this process?
 - Participants felt that the scheme should be rolled out as a yearly process, “that would give enough time to make changes but not so long as to lose momentum”

PILOT RESULTS

Other observations/findings:

- Standardisation of teaching
- Opportunity to confidentially raise issues for which more training would be appreciated
- Appreciation that lack of teacher training has been raised as an issue

WHAT DOES THE FUTURE HOLD?

- Currently in the process of expanding the scheme throughout the Dental School.
- Interested in collaborative work or just information sharing/support with others who are currently running or thinking about running a POT scheme within a clinical teaching setting.
- Contact me on: alison.cairns@glasgow.ac.uk